TPT 554 (07/01/2007)

Www.dmv/ow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

## THIRD-PARTY TESTER EXAMINER CERTIFICATION APPLICATION

Purpose: Third-Party Testers use this form to apply for certification to conduct the skills test component of the CDL

**APPLICANT INFORMATION** 

examination.

Instructions: Answer all questions. Write "N/A" if questions are not applicable. An incomplete form will not be

processed.

NAME (last)	(first)		(mi)	(suffix	<b>(</b> )	DATE (mm/dd/yyyy)
HOME STREET ADDRESS					· ·	
CITY		STATE	ZIP CODE			HOME TELEPHONE NUMBER
			ı			
	EMPLOYMENT INF	ORMATION				
Give a description of duties and responsibilities.						
WORK LOCATION ADDRESS						VA CDL NUMBER
CITY		STATE	ZIP CODE			WORK TELEPHONE NUMBER
						( )
EMPLOYER MAIN OFFICE ADDRESS (if different from above)  NUMBER OF YEARS WITH CURRENT EMPLOYER						
PREVIOUS EMPLOYER NAME					EMP	LOYER TELEPHONE NUMBER
ADDRESS	CITY			STAT	Έ	ZÍP CODE
List classes and types of commercial motor vehicle	es for which you want to be cert	ified to conduc	t the skills test	S.		

1.	1. Have you ever been a third-party examiner for the Virginia Commercial Driver's License Program? ☐ Yes ☐ No					
	a.	If yes, what was your third-party examiner number:				
2.	Are	you employed by a school board?				
	a.	If yes, are you certified as a school bus training instructor?				
3.	Wit	hin the past three years:				
	a.	has your privilege to drive been disqualified, suspended or revoked?				
	b.	have you been convicted of a moving violation in any type of vehicle?				
	c.	do you have more than six demerit points or are you on probation under the Virginia Driver Improvement Program?				
		☐ Yes ☐ No				
		APPLICANT CERTIFICATION				
La	ortify					
	•	r that all information in this application is true and correct  NT SIGNATURE  DATE (mm/dd/yyyy)				
AFF	LICA	NI SIGNATURE				
EMPLOYER RECOMMENDATION						
I hereby recommend this employee for certification as a Virginia Commercial Driver's License third-party examiner						
EMI	PLOYI	ER/COMPANY REPRESENTATIVE NAME TITLE				
EMI	PLOYI	ER/COMPANY REPRESENTATIVE SIGNATURE  DATE (mm/dd/yyyy)				